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PROCEEDINGS

OF THE

SUBSECTION

—DISEASES OF THE THROAT—

OF THE

SEVENTH INTERNATIONAL MEDICAL CONGRESS

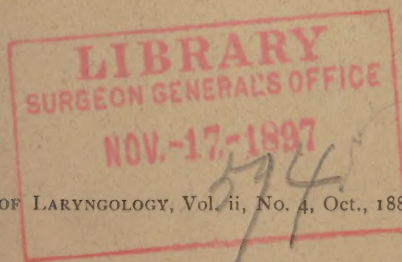
HELD IN LONDON, AUGUST 2D-9TH, 1881

A Report

BY

FELIX SEMON, M.D., M. R. C. P., LONDON

SECRETARY OF THE SUBSECTION



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*Dr. George Johnson F.R.S.
Chairman of the Subsection
- Diseases of the Throat -
from his devoted
Secretary.*

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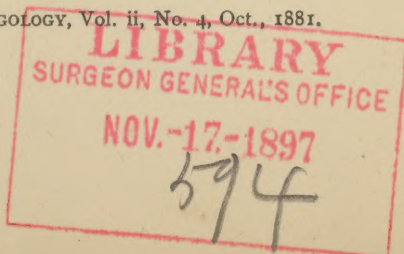
“Both in the number of those present at the meetings and in the distinguished position occupied in the medical world by those who took part in the discussions, the Subsection for Diseases of the Throat may certainly be considered as one of the most successful departments of the Congress.” These are the words with which the London *Lancet*¹ introduced its report of the proceedings of the Subsection. On reviewing the whole spirit and the results of our proceedings, the esteemed journal might have added that these discussions were equally distinguished by vivacity and by general usefulness ; and there is no doubt but that the leading contemporary would certainly have congratulated the laryngologists on their scientific successes as well, had pressure of space permitted it to do so ; for it is but just to record, that no greater unanimity concerning the desirability, nay the *necessity* of a special department for affections of the throat and nose could have been shown, nor a more generous and hearty acknowledgment of the

* As promised in the ARCHIVES, p. 292, we present our readers with a report of Laryngological Proceedings at the International Congress. It has been specially prepared for us by the Secretary, and we are assured that it is the completest that will appear outside of the official volume of Transactions of the Congress. As that necessarily extensive volume will probably contain abstracts only of the papers submitted, it is proposed to bring out a separate volume for the Laryngological Subsection, and, certainly, the valuable material presented would amply justify such a publication. If this proposition is not carried out, we shall probably be enabled to lay before our readers some of the original papers in detail.

ED.

¹ *The Lancet*, August 13, 1881, p. 302.

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success of the Laryngological Subsection been manifested, than that accorded to it by the unanimous agreement of the bulk of the profession.

It must not be forgotten that though this was already the seventh International Medical Congress, yet no recognition had hitherto been accorded to Laryngology; and manifold and great have been the difficulties of getting such a first recognition in the very country in which the claims of Laryngology have perhaps been least recognized. The success, however, attending the experiment was complete, and we may fairly express our firm conviction, that Laryngology has at last gained a firm footing among the recognized medical specialties. This must be recorded as the first fruit of the Congress just closed. In one of the meetings, in the presence of nearly one hundred distinguished laryngologists, the *unanimous* opinion found expression, that in view of the recognition now obtained at the hands of the profession in general, and in view of the fact that too frequent a repetition of International Congresses is apt to lead to a degeneration of such gatherings, it was desirable, that the idea of holding a second *independent* special Laryngological Congress next year at Paris (as decided last year at Milan) should be completely abandoned. Nothing could be more important or significant, the reporter thinks, as showing the good sense of specialists themselves, than their appreciation of the great danger of isolation; nothing could be more pleasing than the *unanimity of their opinion that as long as we remain in close contact with our common great science, we will be, through the force of truth and the natural development of the mutual advantages to both specialism and general medicine, as invincible as was the giant Antæus while in contact with his mother Gæa; but that as soon as we forget this truth, as soon as we are led astray by a false ambition to claim an isolated, absolutely independent position, no Hercules will be needed to crush us; our own imprudence will do the work for him!* The reporter apologizes for venturing to intrude opinions upon the readers of a report intended to be thoroughly objective; he hopes, however, that this strong statement of what may be considered to be the basis of sound specialism and was enthusiastically approved of as such by all who were present, may, as characterizing the spirit of our proceedings, not be unwelcome to those of our fellow-specialists who were unfortunately prevented from being with us. It has but one purpose, viz., to improve the position of our specialty itself, and to increase esteem for it in the eyes of the

profession. What has been accomplished is certainly encouraging for those who, when the next occasion offers itself, will endeavor to secure for Laryngology the same position which is accorded to the most favored other specialty, and which this branch of our common science has, we trust, amply shown itself to deserve during this Congress.

The Subsection for Diseases of the Throat, which met in the room of the Astronomical Society, Burlington House, was presided over by Dr. George Johnson, F.R.S., in whose unavoidable absence on two mornings, the chair was occupied by Prof. Krishaber (Paris) and Prof. Schnitzler (Vienna) alternatively on the first, and by Dr. Solis-Cohen (Philadelphia) and Dr. Meyer (Kopenhagen) on the second occasion. Drs. F. De Havilland Hall (London), Felix Semon (London), and Thomas James Walker (Peterborough), acted throughout as Secretaries. Altogether three hundred and forty-two gentlemen inscribed their names as members of the Subsection; the average number of attendance varied from about 60 to 100. Among the 342 members were, *as far as could be ascertained*, 116 Englishmen, and 116 foreigners, viz.: 35 Germans, 30 Americans, 15 Frenchmen, 13 Spaniards and South Americans, 7 Belgians, 6 Russians and Poles, 6 Italians, and 4 Austrians. Of the remaining 110, who either belong to other nations than those mentioned, or whose nationality could not be ascertained, by far the greater number must from their names be supposed to be Englishmen and Americans. All countries known to take an active interest in Laryngology were amply represented. Of the individual names best known to laryngologists, we may cite the following in alphabetical order (without, however, pretending that this list is by any means a complete one), viz.: Messrs. Cresswell Baber (Brighton), Bayer (Brussels), Böcker (Berlin), Bosworth (New York), Lennox Browne (London), Burow (Königsberg), Cadier (Paris), Capart (Brussels), Caselli (Reggio-Emilia), Solis-Cohen (Philadelphia), Czerny (Heidelberg), Fauvel (Paris), Foulis (Glasgow), Fournié (Paris), B. Fränkel (Berlin), E. Fränkel (Hamburg), Kendal Franks (Dublin), Manuel Garcia (London), Gerhardt (Würzburg), Gottstein (Breslau), Gouguenheim (Paris), Guye (Amsterdam), Hayes (Dublin), Hemming (Bournemouth), Hering (Warsaw), Hopmann (Cologne), Prosser James (London), Jurasz (Heidelberg), Paul Koch (Luxemburg), Krishaber (Paris), Ladreit de Lacharrière (Paris), Lefferts (New York), R. P. Lincoln (New

York), Loewenberg (Paris), Morell Mackenzie (London), W. Meyer (Kopenhagen), Michel (Cologne), Moure (Bordeaux), Poore (London), Reyher (St. Petersburg), Rosenbach (Breslau), Rossbach (Würzburg), Sanné (Paris), Schäffer (Bremen), Schiffers (Liège), Schnitzler (Vienna), Schottelius (Giessen), Semple (London), Tornwaldt (Dantzic), Voltolini (Breslau), Spencer Watson (London), Whistler (London), Woakes (London).

Several more of the most eminent laryngologists, notably Messrs. Beschorner (Dresden), Chiari (Vienna), Elsborg (New York), Lewin (Berlin), Oertel (Munich), Schech (Munich), Schmidt (Frankfort), Smyly (Dublin), Tobold (Berlin), v. Ziemssen (Munich), were at the last moment prevented from being present, as they had intended and promised ; and most sad to record, two of the prominent pioneers of our science, who had gladly looked forward to the Congress, and had been most anxious to attend, viz., our late lamented friends, Waldenburg, of Berlin, and Mandl, of Paris, were taken away by the hand of death before the time of our meeting had arrived.

The total number of papers sent in and accepted by the Committee and Council of the Subsection, amounted to 38, 30 of which related to questions suggested for discussion by the officers of the Subsection (20 introductory papers and 10 voluntary contributions) and 8 of which treated of entirely independent subjects. Thirty-one of these papers were actually read, 2 of them by substitutes, and 7 were, in the absence of the authors, passed as read. The abstracts of all these 38 papers had been previously translated into the three official languages of the Congress by the Secretaries (Dr. Eugene Eeman, of Ghent, having very kindly volunteered to translate all papers written in the English and German languages into French), printed, and put into the hands of members before the beginning of the Congress. They fill 60 printed pages (pp. 155-215) in the volume of abstracts of the Congress, which contains 719 pages altogether.

The number of meetings of the Subsection amounted to eight. Of these five were morning sessions, devoted to the discussion of the questions suggested by the officers of the Subsection, and occupying three hours each, while there were three shorter afternoon sessions devoted to the Chairman's address, and to the discussion of independent subjects. Moreover, two afternoons were given to demonstrations of all kinds. These demonstrations, which took place in the Hospital for Diseases of the Throat and Chest,

formed an important feature of the work of the Subsection. Upon the whole, 50 different speakers addressed the Subsection, by whom altogether 126 speeches were delivered, of which there were in German, 60, in English, 53, and in French, 13, the whole speaking time, exclusive of the demonstrations, amounting to about eighteen hours, which gives an average of $8\frac{1}{2}$ minutes for each speech.

First meeting of the Subsection, Wednesday, Aug. 3d, at 3 p.m.,

Dr. GEORGE JOHNSON, F. R. S., in the chair.

The Chairman read a short but impressive inaugural address, in which he most happily compared the advantages conferred upon medicine in general by the ophthalmoscope and laryngoscope respectively, and in which, while admitting that the former might perhaps in the matter of mere diagnosis take precedence of the Laryngoscope, he claimed for the latter greater usefulness so far as treatment is concerned. Dr. Johnson closed by defending the specialist against the frequent accusation of his being of necessity unacquainted with all other diseases. "We, on the other hand," he said, "maintain that of the specialist it should be said with truth, that he is one, not who knows less of disease in general, but who knows more of the particular class of disease to which he has devoted most time and especial attention and study."

The Chairman's eloquent address was followed by a most touching and truly historical incident, the thanks for which are due to our respected and beloved President, Sir James Paget, who, in a most charming letter to the Reporter, had suggested that opportunity should be given to the laryngologists of the world to hear from the lips of the inventor (as he may fairly be called) of the laryngoscope, viz., Signor Manuel Garcia, the history of his invention. Signor Garcia (who, moreover, as an M.D., *honoris causa*, of the University of Königsberg, was a fully privileged member of the Congress) at once cordially agreed to this request. He related, in the most simple and modest manner, how the idea of observing his own larynx originated with him. No one, we are sure, who had the privilege of being present on that afternoon, will ever forget how, with a voice trembling from emotion, the venerable old gentleman told us, that after many futile attempts, he strolled one afternoon in the courts of the Palais Royal, in Paris, meditating on the problem, when suddenly his mind's eye saw *the*

two mirrors in position ; how he at once went to Charrière, the instrument-maker, bought an old dentist's mirror with a long handle, and availing himself of the light of the sun, succeeded *on the first attempt* in seeing a part of his larynx !

The paper, which was listened to in breathless silence and finally enthusiastically applauded, contained, moreover, some very interesting observations on the anatomy of the thyro-arytænoid muscle, the unequal length of the fibres of which explains, in Signor Garcia's opinion, in part, the formation of different notes, the shortest alone contracting for the deepest, and successive fibres coming into play, accumulatively, as the voice ascends.

Dr. VIVIAN POORE, of London, then read notes of a remarkable case of a web in the larynx, probably congenital. (The case was demonstrated on Thursday afternoon.) Drs. Solis-Cohen, Böcker, and Prof. Schnitzler took part in the discussion, and described cases of membranous adhesion between the halves of the larynx, which they had observed.

Dr. SOLIS-COHEN thought that the origin of these cases was more probably due to an irritative process in foetal than extra-uterine life.

The last paper read on that afternoon was one by Dr. Rumbold, of St. Louis, maintaining that the spray-producer, as the spray penetrates to the most concealed parts of the diseased surface, and causes at the same time no irritation whatsoever, was the best plan of making applications to the superior portions of the respiratory tract. No discussion followed this paper.

Second meeting, Thursday, Aug. 4th, at 10 a.m.,

Dr. GEORGE JOHNSON in the chair.

Dr. MORELL MACKENZIE opened the discussion on "Local treatment of diphtheria" by an introductory paper, in which he stated that, with the exception of ice in the first stages, of disinfectants and of steam-inhalations (to which solvents may be advantageously added) at the time when the false membranes begin to separate, he availed himself now, for purposes of local medication exclusively, of varnishes, *i. e.*, æthereal solutions of tolu, which, locally applied, exclude the air from the false membrane. He further declared that, in his belief, caustics were always injurious.¹

¹ It is obvious, that in this report only the *most prominent features* of the papers read and speeches made can be mentioned. Of several of the papers, moreover, only parts were actually read, on account of their great length, and

Dr. TOBOLD, of Berlin, on whom the honor of reading the other introductory paper on this subject had been conferred, not being present, and his paper not having been sent in, the members were referred to the abstracts for a short résumé of his views, which nearly coincide with those of Dr. Mackenzie, as far as ice, steam, solvents, disinfectants, and caustics are concerned.

Mr. LENNOX BROWNE, in a short paper, recommended ice, lactic acid, and chlorate of potash, and advocated the removal of enlarged tonsils, if they interfered with free respiration, even during an attack of diphtheria.

The subsequent discussion, in which Dr. Meyer (Kopenhagen), Prof. Burow (Königsberg), Dr. Böcker (Berlin), Dr. Solis-Cohen (Philadelphia), Dr. E. Fränkel (Hamburg), Dr. Rothe (Altenburg), Dr. Prosser James (London), and Dr. Johnson (Chicago) took part, showed an almost general agreement as to the injurious effects of forcible removal of false membranes and of the use of caustics; the only marked opposition being offered (through Dr. Meyer) by a Danish practitioner, Dr. Nix, who reported excellent results obtained in a large number of cases by scraping away the false membrane and cauterizing the underlying surface with solid nitrate of silver. It further became evident, that Dr. Mackenzie's plan of employing varnishes had as yet scarcely been tried on a large scale, and that most practitioners still relied on ice, steam-inhalations, antiseptic sprays, lactic acid, and lime-water.

Moreover, it might be mentioned that Prof. Burow warned surgeons against employing the mouth for sucking in making aspirations, often necessary after tracheotomy for diphtheria, and advised the use of catheters and syringes for this purpose; that Dr. Solis-Cohen recommended the local use of iced clothes over the neck and up to the ears as an excitant of the respiratory nerve-centres; that Dr. E. Fränkel made observations on the treatment by pilocarpine, which effected, it was true, a separation of the false membrane, but did not influence the general course of the disease, stating at the same time his conviction that there was often a great discrepancy between the local symptoms and the general affection; and that Dr. Prosser James spoke against the use of all mercurial preparations, including the cyanide of mercury.

Dr. MORELL MACKENZIE replied, summing up the discussion, and again recommending a trial with the varnishes, which, in his hands, had yielded very good results.

the short time at our disposal. A fuller report will appear in the Transactions of the Congress.

F. S.

The next discussion was that on "Pathology of laryngeal phthisis."

The introductory papers—by Prof. Krishaber, of Paris, and Prof. Rossbach, of Würzburg—disclosed the great difference of opinion existing with regard to this most important disease among laryngologists themselves. Although both these gentlemen duly dwelt upon the nature and etiology of laryngeal phthisis, yet those points seemed to receive most attention on which their opinions most differed, and which formed almost exclusively the subjects of the subsequent extremely interesting and lively discussion, viz., the questions: (1) whether it is possible or not to diagnosticate with certainty laryngeal phthisis by the aid of the laryngoscope alone; (2) whether there is a *primary* laryngeal phthisis; (3) whether the affection is curable or not.

Prof. KRISHABER believes that the diagnosis, with the aid of the laryngoscope, is very easy, and that only a temporary confusion with syphilitic laryngitis in a few cases would be pardonable; that the existence of a primary laryngeal phthisis is very doubtful; and that, though local cicatrization is possible, the disease is not a curable one in the strict sense of the word, *i. e.*, curable by local applications or other remedies known to us.

Prof. ROSSBACH, while speaking much more confidently of the existence of a primary laryngeal phthisis, stated, on the other hand, that the certain diagnosis of laryngeal consumption was only possible if pulmonary phthisis was simultaneously present; admitted, however, the great aid afforded by the mirror in helping to detect at an early period imminent or occult pulmonary disease; and in conclusion said positively: "Laryngeal phthisis is extraordinarily obstinate and difficult to treat, but not incurable."

Such antagonistic statements showed that the object of the Committee in asking two gentlemen to introduce the discussion, viz., of obtaining a good basis for the debates, had been completely accomplished in this instance. Though not very many speakers took part in the discussion, the contest was a very severe one.

The Chairman spoke of the possibility of simple or purulent laryngeal secretions setting up changes in the bronchi and air-cells, when carried thither by inspiration.

Dr. B. FRÄNKEL, of Berlin, insisted that we should make the diagnosis from the laryngeal appearances alone, without waiting for pulmonary complications, and stated positively that he had seen cases of primary phthisis of the larynx.

Prof. SCHNITZLER, of Vienna, fully corroborated the first opinion of the last speaker, viz., that concerning the diagnosis, but considered the existence of a primary laryngeal phthisis somewhat doubtful, adding that he believes in the curability of the affection.

Prof. VOLTOLINI, of Breslau, much doubted the occurrence of a primary laryngeal phthisis.

Dr. CADIER, of Paris, thought that the disease is curable.

Dr. E. FRÄNKEL, of Hamburg, joined in this view from the position of a clinician as well as that of a pathological anatomist, but said that it was impossible to decide whether a primary laryngeal phthisis existed or not, inasmuch as even the apparent absence of pulmonary changes did not positively prove that the lungs were really intact.

Prof. GERHARDT, of Würzburg, in a much-admired and truly ethical speech, sought to reconcile the antagonistic views; he reminded laryngologists that laryngeal phthisis is one of the most formidable and at the same time frequent diseases they have to contend with, and begged them to let it be their aim to so study and treat it that it will certainly soon be registered under the head of curable affections, a position which the kindred pulmonary affection has now at last attained.

In summing up, Prof. Krishaber stated that his conviction, that all local remedies hitherto in use did not improve but rather deteriorate the condition, was not a theoretical one, but was based upon a long, serious, and faithful trial of all methods known to him. He would not say that laryngeal phthisis was incurable, but meant to imply that all known local therapeutic means had no good effects.

In opposition to this statement, Prof. Rossbach briefly replied that one positive case was of greater value than a thousand negative ones, and that having convinced himself in several instances of lasting cures having been effected, the curability of the affection was for him beyond doubt. This brought the discussion and the morning meeting to an end.

Thursday afternoon was devoted to demonstrations of patients, operations, specimens, instruments, illuminating apparatus, etc., which took place at the Hospital for Diseases of the Throat and Chest, Golden Square. The demonstrations were so numerously attended that the accommodation was scarcely sufficient.

Dr. FELIX SEMON showed a probably unique series of five cases of bilateral paralysis of the glottis-openers, *i. e.*, the posterior crico-

arytenoid muscles, one of which was complicated by an ankylosis of the right crico-arytenoid joint, which had several months later been superadded to the already existing neurotic disorder. He briefly related the history of each case, dwelt upon the fact that the disease was in some instances of central, in others of peripheral origin, and insisted on the necessity of early tracheotomy, if the dyspnoea was in any degree considerable, and if not, *soon* an *objective* widening of the glottis could be effected by other means. He also showed a very interesting case of probably congenital ankylosis of the left crico-arytenoid articulation with *atrophy* of the corresponding vocal cord occurring in a woman, æt. 30, the subject of congenital syphilis.¹

Dr. MORELL MACKENZIE sent one patient, on whom he had performed internal œsophagotomy (the instrument used was also shown), and another suffering from that very rare and obscure disease: spasm of the tensors of the vocal cords, called also "stammering of the vocal cords."

Dr. W. MACNEILL WHISTLER (London) presented a patient with syphilitic stenosis of the pharynx, in whom he had established a connection between the pharynx and the posterior nares.

Dr. V. POORE showed the patient with the web in the larynx, who had formed the subject of his communication on the previous day.

Dr. MICHEL, of Cologne, demonstrated his method of removing adenoid vegetations from the vault of the pharynx, by means of the galvano-caustic loop.

Dr. FOULIS, of Glasgow, exhibited the two larynges of the patients in whom he had performed total extirpation of the larynx.

Prof. KRISHABER showed his improved tracheotomy-tubes, stating that there is, according to his measurements, a definite relation between the height of the body and the diameter of the trachea. If, therefore, the different sizes of the tubes were exactly numbered corresponding to the height of the body, and if a general agreement in this respect could be arrived at, it would be easy for provincial surgeons to order properly-sized tubes for their patients from instrument-makers living at a distance, by simply stating the patient's exact height.

¹ The case will shortly be published *in extenso*. It might be stated that a sixth patient with bilateral paralysis of the abductors, who was expected, did not attend, simply because the letter requesting her presence had been misdirected.

Dr. MORELL MACKENZIE's and Prof. STOERK's (of Vienna) œsophagoscopes were shown.

Dr. B. FRÄNKEL, of Berlin, exhibited an ingenious modification of Whitehead's mouth-dilator,¹ to which he has added a tongue-depressor and a self-retaining Voltolini's palate-hook. The instrument was demonstrated *in situ* on a non-trained subject, and created general admiration, permitting, as it did, of an absolutely free inspection of the naso-pharyngeal cavity. Dr. Fränkel also showed prisms for inspecting the different cavities of the body.

Dr. FOULIS showed instruments used in removing the larynx, artificial larynges of different descriptions, and an apparatus for heating the actual cautery, which he recommends instead of the galvano-cautery in certain cases of pharyngeal disease.

Dr. CRESSWELL BABER, of Brighton, and Mr. SPENCER WATSON, of London, showed self-retaining nasal specula; in addition, the former exhibited a snare, which could be fixed at any angle; the latter, other instruments for the treatment of diseases of the nose.

Dr. PROSSER JAMES, of London, showed a series of laryngeal instruments, each being forged out of one piece of solid steel.

Dr. BOSWORTH, of New York, showed a small improved snare, for the removal of nasal polypi, and recommended the use of Nro. 5 steel piano wire.

Dr. TORNWALDT, of Dantzic, showed a very neat little tampon to be filled with water for the gradual dilatation of laryngeal stenosis.

Dr. RUMBOLD, of St. Louis, showed his spray-producers.

Dr. CADIER, of Paris, exhibited his tube-laryngoscope.

As several other promised demonstrations could not take place, because the instruments to be shown had not arrived, it was decided to arrange a supplementary demonstration for Tuesday afternoon, August 9th.

Third meeting of the Subsection, Friday, Aug. 5th, at 10 a.m.,

Dr. GEORGE JOHNSON in the chair.

Prof. GERHARDT, of Würzburg, opened, with a masterly exposition, the discussion on "Laryngoscopic signs in connection with

¹ The instrument modified by Dr. Fränkel is mine, not Dr. Whitehead's. Many years ago I lent Dr. Whitehead one of my mouth-dilators; he liked it so well after operating with it that he had one made, somewhat altered as to the tongue-depressor, by the instrument-makers, Messrs. Geo. Tieman & Co.; he got his name attached to it in the catalogue of that firm, and on that account his name has stuck to my mouth-dilator, even when manufactured without his alteration.

LOUIS ELSBERG.

injuries or diseases of the motor nerves of the larynx." He justly remarked, that but a short time ago this field of observation appeared to be so completely worked out, that the questions in relation to the laryngoscopic signs of paralysis or paresis of the vocal cords seemed to be almost wholly solved (nothing but the innervation of the crico-thyroid muscle having remained open to discussion), when suddenly the discovery, that organic disease, both central and peripheral, involving the motor laryngeal nerves and acting slowly; paralyzed always *first* the *abductors*, showed us, that we had still much to learn in connection with this class of affections. Though arguing very philosophically his way toward all the possible explanations of this curious fact, the Professor earnestly warned against premature hypotheses, and held that the final explanation would much more likely come from careful further continued observations than from purely theoretical speculations.

Prof. G. M. LEFFERTS, of New York, who read the other introductory paper on this subject, began by proposing a new classification of motor neuroses of the larynx. He divided them into five great classes, and dwelt at length upon the second of them, viz.: the isolated paralysis of the abductors. He sought to explain the proclivity of these muscles to succumb to organic diseases by a certain inherent weakness, or susceptibility to pathological influences, which, in its turn, he ascribed to the feeble supply of motor force derived from external sources.

The Chairman opened the discussion by drawing attention to those cases of carefully observed bilateral paralysis of the recurrent laryngeal nerve, in which after death lesion of but *one* vagus nerve was detected. The only possible explanation in these cases was, that the irritation conveyed by the afferent fibres to the centre, there set up such disturbance as passing along the efferent nerves to both sides caused paralysis. He urged on the members in such cases in future to examine especially the *nerve-centres* of the pneumogastric, spinal accessory, and other nerves implicated.

Dr. ROSENBACH, of Breslau, explained the proclivity of the abductors by their being analogous to the extensor and abductor muscles of the rest of the body; all these were prone to be paralyzed first, when the cause of the paralysis was a general one; the adductors, on the other hand, were analogous in their action to sphincter muscles elsewhere, which experience showed become paralyzed last of all. He further contended that the inspiratory

stridor and still greater narrowing of the glottis during the act of inspiration, was due to a perverse innervation of the adductors, and maintained finally that paralysis of the recurrent nerve and cadaveric position of the vocal cord are not identical, unless one believes that the crico-thyroid muscle is also supplied by the recurrent laryngeal nerve.

Dr. FELIX SEMON began by referring to a remark of Dr. Rosenbach who had thanked Prof. Gerhardt for having saved a paper of his (Dr. Rosenbach's) from oblivion, saying that such oblivion was the fault of the writer himself. If gentlemen wrote nowadays important papers in *local* journals, which were not even kept in the largest medical libraries, they ought not to be astonished if their works were unknown even to those of their colleagues who took the greatest interest in the subject. In the great Records or "Jahrbücher," such papers were sometimes not reviewed at all, sometimes very late, sometimes very insufficiently. He therefore wished that those gentlemen who, for reasons of their own, published their important laryngological contributions in local papers, would, at least, send at once separate copies or "reprints" to such of their co-workers in the same field as were known to them. This idea was very favorably received. Then, turning to the subject under consideration, Dr. Semon said that he agreed with every word of Prof. Gerhardt, and especially that, although since the publication of his (Dr. Semon's) paper, which seemed to have given rise to the discussion on the proclivity of the abductor fibres to organic disease, he had had the opportunity of seeing a good many cases corroborating, and none contradicting, his statements concerning this proclivity, he nevertheless wished, with Prof. Gerhardt, to warn against premature conclusions from, and explanations of, this curious fact. The fact, however, must be admitted; and he would take occasion here to touch upon a point which, though not in exclusive connection with the subject to be discussed, yet was very opportune, and ought, under all circumstances, to be mentioned at a gathering of this unique character. He alluded to the question of medical criticism. Laryngological criticism had certainly, up to a very recent date, been mostly very objective, but there seemed to him to be growing a dangerous tendency, viz., that of doubting the accuracy and trustworthiness of observations of others, for the sole and simple reason, that the reviewer had not had the opportunity of making the same or similar observations! This tendency had become most noticeable in

connection with the question under consideration, the very occurrence of an isolated bilateral paralysis of the abductors being doubted up to the present moment by several authors. Now, he wished to say, that he had seen sixteen cases of that sort during the last five years, and, having given to the laryngologists of the world the opportunity of personally examining five of them together in the same room, he now trusted that there would be an end of discussing the question whether this form of paralysis occurred or not. But speaking quite generally, he would beg of all those confrères who undertook the responsible office of reviewer to be as severe as they liked in their criticism if they had any internal evidence of inaccuracy or untrustworthiness before them, but otherwise to extend the same charity—to use Sir James Paget's beautiful expression—to others, which they would wish for themselves. Finally, he suggested that the important subject of laryngeal motor neuroses should again be brought forward at the next International Congress.

Professor SCHNITZLER, of Vienna, who followed, considers hysterical paralysis to be due to functional central affection; agrees with Dr. Johnson's conclusions concerning cases of bilateral paralysis, in which the nerve of only one side is found affected; and thinks that bilateral paralysis of the recurrent nerve is not so frequent as one is led to suppose from the cases recorded in literature.

Dr. BOSWORTH, of New York, thought that Dr. Johnson's hypothesis explains many cases of bilateral paralysis of the abductors of peripheric origin, which were only clinically observed; as to the cases of central origin, he maintained the position taken in his recently published text-book.

Prof. BUROW, of Königsberg, said that he had had under observation nine or ten cases of bilateral paralysis of the abductor muscles; the two, which had been examined *post mortem*, had been of peripheric origin. He, too, warned against premature attempts at explanation, and stated his belief that the downward bulging of the inner borders of the vocal cords during inspiration in extreme cases, was a consequence of the rarefaction of the air below; *i. e.*, due to negative pressure.

This very interesting discussion, which shows that the entire question is still a very obscure one, was then closed by Professors Gerhardt and Lefferts, both of whom, in very brief replies, urged the necessity of further study of the subject in a true scientific spirit.

Prof. SCHNITZLER, of Vienna, introduced the subject, of "Neurosis of sensation of the pharynx and larynx," by a short, mainly practical exposition of the present state of our knowledge of this class of affections.

Then followed the highly scientific and elaborate introductory paper of Prof. L. Elsberg, of New York, which was read for him, in his unavoidable absence, by Dr. Morell Mackenzie. The value of this excellent paper, which fills a great gap in laryngological literature, could unfortunately not be appreciated to its full extent by the members present, because its length allowed only of a rather fragmentary reading of the most important points. Suffice to say, that in the form of a complete monograph, it deals in a thoroughly methodical manner with a number of frequently occurring and important, totally distinct diseases, which the general practitioner nowadays is but too apt to confound under the one great name of "hysteria." Neurosis of sensation of the throat is defined to be disordered sensibility which is functional, and not merely subordinately symptomatic. It is assumed that there is in the medulla oblongata a certain sensory nucleus of the throat, which is designated and described. Having differentiated between three kinds of normal sensibility, viz., tactile, dolorous, and reflex, Prof. Elsberg divides disordered sensibility, or dysæsthesia, into three classes, viz., diminished, increased, and perverted sensibility, or hypæsthesia, hyperæsthesia, and paræsthesia, which clinically, singly, or in several combinations, involve the three kinds of sensitiveness. Anæsthesia is classed under the head of hypæsthesia; neuralgia under that of hyperalgesia, viz., hyperæsthesia (*i. e.*, increased sensibility) of the dolorous kind.

The subsequent discussion was but brief.

Dr. B. FRÄNKEL, of Berlin, objected to Prof. Schnitzler, that his paper did not quite agree with his (Schnitzler's) own "abstract" thereof. Dr. Fränkel would continue to distinguish very strictly between hyperæsthesia and paræsthesia of the throat; the latter (as was stated by Prof. Elsberg) was sometimes combined with anæsthesia. He was also of opinion that pharyngeal diseases were sometimes a cause of hypochondriasis, the latter disappearing with the cure of the former.

Dr. TORNWALDT, of Dantzic, maintained decidedly the existence of pharyngeal cough, produced by reflex action in cases of pharyngeal disease, especially of pharyngitis granulosa and of pharyngitis lateralis.

Dr. BAYER, of Brussels, would beg leave to refer, as far as this point was concerned, to his paper to be read on the same afternoon.

Prof. SCHNITZLER, in his reply, said that he had spoken from a clinical point of view, and that the finer distinctions of the single forms of sensory neuroses could often not be made in practice, as they frequently occurred mixed together.

The Subsection then adjourned.

Fourth meeting, Friday, Aug. 5th, at 2 p.m.,

Dr. GEORGE JOHNSON in the chair.

Prof. ROSSBACH, of Würzburg, made an extraordinarily interesting communication on "The physiological and pathological mucous secretion in the larynx and trachea, and contributions to the mode of action of expectorant and astringent remedies used in catarrhal processes of mucous membranes." From his experiments it would appear that the secretion in these parts is independent of central nerve influence, but depends exclusively upon peripheral nerve cells, situated within the mucous membrane itself. He also pointed out and explained, in accordance with the results of his experiments, the different action of some anti-catarrhal remedies upon the quantity and quality of the mucous secretion in the larynx and trachea, such as emetin, apomorphia, pilocarpine, alkalies, nitrate of silver, etc.

Dr. B. FRÄNKEL, of Berlin, said that the conditions of secretion in the nose and in the pharynx differed from those in the larynx and trachea, in so far as central nerve influence upon the secretion of the seriparous glands in the former parts had distinctly been shown to exist by Heidenhain. Dr. Fränkel, moreover, thought that the physiological moistening of mucous membranes ought to be strictly separated from catarrhal processes.

Prof. ROSSBACH admitted the difference of conditions between nose and pharynx on the one hand and larynx and trachea on the other, maintaining that there were no seriparous glands in the mucous membrane of the trachea; but he said that several of his experiments had so closely imitated the conditions of "catching cold," that he thought his conclusions with regard to actual catarrhal processes were quite justifiable.

Dr. BAYER, of Brussels, followed with a very industrious and complete disquisition on the "Influence of the female sexual appa-

ratus on the vocal organ and the formation of the voice." He considered this influence during the physiological state of menstruation as well as under the pathological conditions of the different sexual organs, and methodically detailed its different forms, distinguishing between the influence on the motor and sensory spheres and that on the whole organism (disorders of nutrition). A large part of the paper naturally dwelt upon the different forms of laryngeal hysteria and their dependence upon sexual disorders.

DRS. E. FRÄNKEL (Hamburg) and FELIX SEMON acknowledged the merits of Dr. Bayer's paper, but both considered it their duty to warn against the conclusion that the discovery of a sexual disease warranted us in giving a very sanguine prognosis as to the curability of an obstinate so-called "hysterical" laryngeal complaint. No doubt such complaints often disappear after an effective treatment of the diseased genital organs, but it was well to keep before our minds, that they often do not.

Dr. BAYER made no reply, and the meeting terminated.

Fifth meeting of the Subsection, Saturday, Aug. 6th, at 10 a.m.,

Prof. KRISHABER, of Paris, in the chair.

Dr. CH. FAUVEL, of Paris, opened the discussion on "Indications for extra- or intralaryngeal treatment of growths in the larynx," by an introductory paper, in which he maintained with great energy his well-known views on this question, viz. : that in almost all cases of benign neoplasms in the larynx in which operative interference is necessary, extralaryngeal operations—the dangers and inconveniences of which he described very pointedly—are to be rejected, and that the indications for endolaryngeal treatment form the general rule. In cases, however, which endanger life by suffocation, Dr. Fauvel admits prophylactic tracheotomy, which does not preclude subsequent removal *per vias naturales*.

Prof. BUROW, of Königsberg, who read the other introductory paper on this subject, although adopting the rule laid down by Paul Bruns, viz. : "That every benign laryngeal tumor ought, if possible, to be removed *per vias naturales* ; and that only if an experienced laryngologist has established the inexpediency of this method, may the extralaryngeal be adopted" ; and although warning, for many reasons stated, against the performance of thy-

rotomy if it could be avoided, nevertheless granted extralaryngeal operations a somewhat larger field than that conceded to them by Dr. Fauvel. Certain qualities of growths, such as broad bases, unusual consistency, origin in the ventricles, great size, multiplicity (as in papillomata), situation beneath the glottis, occurrence of several of them together, might, according to him, justify and even necessitate the performance of extralaryngeal operations, but even in such cases he thought sufficient persistency and suitable instruments in carrying out the intralaryngeal method might often overcome all difficulties. He much recommended, in proper cases, especially in subglottic tumors, the division of the crico-thyroid ligament, while subhyoid pharyngotomy was spoken of as a good means of approach to tumors of the upper laryngeal cavity. In children the endo-laryngeal method should always be tried first; if this proved impracticable, and dyspnoea be present, children from six to eight years old should be tracheotomized, and one or two years later operated on *per vias naturales*. In infants thyrotomy was to be practised, tracheotomy having been previously performed.

The very lively discussion revealed, above all, the fact, that although almost every speaker had some idea peculiar to himself about individual classes of growth and methods of operation, yet there was a general agreement as to the correctness of Paul Bruns' rule.

Prof. KRISHABER, who, as Chairman, opened the discussion proper, stated that endolaryngeal operations without the laryngeal mirror, but with the aid of the left index finger introduced into the child's larynx, were often much easier in the child than in the adult.

Dr. HOPMANN, of Cologne, agreed on the whole with Prof. Burow, but did not consider thyrotomy so serious an operation as it would seem according to the Professor's remarks. Dr. Hopmann quoted his own experience, embracing eight cases of thyrotomy, in support of this statement.

Dr. BÖCKER, of Berlin, cited several most instructive cases that had occurred in his own practice, which clearly demonstrated that, as far as recurrence is concerned, the extralaryngeal method is certainly not superior to the endolaryngeal one, and that but too frequently wholly unjustifiable extralaryngeal operations are performed. Incidentally, he mentioned that in one of his cases of tracheotomy the tampon of the tampon-canula that was used

bulged in such a manner downward when inflated, that it wholly occluded the lumen of the tube and nearly suffocated the patient.

Dr. SOLIS-COHEN, of Philadelphia, detailed his personal experience in regard to laryngeal operations, which had been very varying at different periods of his career. For many years he had not had to perform a single thyrotomy, and then suddenly several in close succession. This had repeated itself twice, and showed, in his opinion, how wrong it was to draw conclusions from one's own practice alone. He feared that laryngologists sometimes converted innocent papillomata into epitheliomata by protracted manipulations continued too long. Often an extralaryngeal operation saved the patient from wearing his canula a long time, and from untoward consequences of this contingency, such as paralysis of the posterior crico-arytenoid muscles, granulations, etc. Subhyoid pharyngotomy had in one of his cases failed to give access to the growth.

Mr. LENNOX BROWNE, of London, thought, as the outcome of this discussion, the axiom could be enunciated, that the more dexterous the operator, the less frequent would extralaryngeal operations be. If, however, an extralaryngeal operation was decided on, it was useless to compromise with partial division of the thyroid cartilage.

Dr. MAX SCHAEFFER, of Bremen, communicated a case of most difficult thyrotomy, which had recently occurred in his practice, that had ended fatally on the third day after the operation from pulmonary complications.

Dr. FELIX SEMON said he would not take part in the discussion proper, but only briefly state the reasons which had induced the Committee of the Subsection to put a question on the programme which evidently seemed settled to many laryngologists. He begged to say that it was not so much intended for the laryngologists proper as for the medical public in general, and the *surgeons* especially, so that they might avail themselves of the discussion of this much-ventilated question. This was positively necessary. To give but one instance, it had been publicly stated only two years ago, that extralaryngeal operations had been performed repeatedly on one patient for the sole reason that it was really not easy to perform endolaryngeal ones! Such a *moral* could not be condemned strongly enough! The best good of the patient was the first and only thing to be considered, and if it was conceded that

without special training it was impossible (or, at any rate, dangerous to the patient) to adopt a method which was admittedly and undoubtedly the preferable one, then it followed *with absolute logical and moral necessity*, that such cases ought to be transferred to those specially trained !

(It is but right to record in the interest of a good cause, that this argumentation was received with general applause, showing the general agreement on this important point of those most competent to judge.)

Prof. LEFFERTS, of New York, would much rather support the moderate views of Prof. Burow than the extreme ones of Dr. Fauvel, but thought better of extralaryngeal operations than even the first-named gentleman. Thyrotomy, and even the so much repudiated partial thyrotomy, had in his hands yielded good results, and had never had bad effects. Another point on which he differed from Prof. Burow was, that if he had once made up his mind to open the air-passages of a child, he would not wait, as the Professor had proposed, some years for the removal of the growths *per vias naturales* ; but regarding, as he did, the first opening of the air-passages, *i. e.*, the tracheotomy, as the dangerous operation, he would prefer, under such circumstances, to complete the removal at once.

Dr. FAUVEL, in summing up, declared his complete agreement with Dr. Felix Semon's argumentation, and Prof. Burow closed by replying to some observations that had been made in the course of the discussion.

Before the beginning of the next discussion, Prof. Schnitzler, of Vienna, rose to bring before the Subsection the question mentioned in the commencement of this report, *viz.*, whether a second independent International Laryngological Congress should be held next year at Paris, as decided at the first Laryngological Congress, held last year at Milan. The Professor proposed that this idea should be abandoned.

Dr. FELIX SEMON said that no one could more gladly welcome, than he did, a proposition of this character. At the same time, however, he begged to draw attention to the fact that this Subsection, not being the successor of the Laryngological Congress of Milan, had no right to adopt any resolution contrary to the decision of that Congress. He therefore begged to suggest that the individual members might simply manifest their opinion by accla-

mation as to the desirability or undesirability of further specialistic Congresses.

Dr. B. FRÄNKEL, of Berlin, fully agreed to this proposition, but wished that before the opinion of the assembly was ascertained our French confrères, and especially those gentlemen who had been entrusted with making the preparations for the second Laryngological Congress, should be heard from, because those who would otherwise vote according to their conviction would like to know the feelings, on the subject, of the laryngologists of France, who might be offended if the vote was against a second specialistic Congress.

Prof. KRISHABER having assured the members that no such idea would for a moment be entertained by the French co-workers in our common specialty, it was ascertained, by raising hands in the usual way, and by counter-proof, *that the members present, about one hundred in number, were UNANIMOUSLY of opinion that no second specialistic Laryngological Congress should be held.*

Another proposition by Prof. Schnitzler, viz., one to found an International Laryngological Association, was not further discussed, Dr. F. Semon observing that it was certainly desirable to consider such an idea very carefully before carrying it into execution.

After Prof. Krishaber had relinquished, and Prof. Schnitzler taken the chair,

Dr. PAUL KOCH, of Luxemburg, introduced the next discussion, on "Results of the mechanical treatment of laryngeal stenoses," by a paper, in which he showed himself, only very reservedly, a friend of this treatment, rejecting it entirely for acute stenoses, and admitting it *de facto* only in cases of chronic narrowing which do not endanger life.

Very different conclusions were arrived at in the second introductory paper, which was read by Dr. Th. Hering, of Warsaw. This gentleman presented most carefully prepared statistics of all the cases of mechanical dilatation on record. He attributed most of the relatively unsatisfactory results to want of patience, perseverance, and energy of either the surgeon or the patient, and conclusively showed that improvement would be brought about if, in the individual classes of cases in which mechanical dilatation is indicated, the treatment were regulated according to certain definite rules, which he had formulated from a careful study of the whole question and fully 100 cases. He vindicated for Prof. v.

Schrötter the certainly great merit of having introduced this very important and useful method of laryngo-surgery.

The character of Dr. Hering's paper was of so convincing a nature, the number of cases on which he had based his conclusions so great, and the number of individual experiences of the members present evidently so small, that most of them preferred learning to discussing, and that, therefore, the discussion of this important subject was the shortest and least productive of a statement of individual opinions that occupied the Subsection.

Dr. TORNWALDT, of Dantzic, recommended his water-tampon for gradual dilatation.

Dr. GROSSMANN, of Vienna (formerly Prof. v. Schroetter's assistant), eulogized his former teacher's successful endeavors, recommended, as did also Dr. Hering, not to neglect other treatment while carrying out the mechanical, and said that he considered "tubage" indicated only if one wished to gain time for tracheotomy; otherwise it was a *noli me tangere*.

Dr. MAX SCHÄFFER, of Bremen, corroborated Dr. Hering's statements by a report of five recent successful cases of his own, which had not previously been published.

Neither Dr. Koch nor Dr. Hering wished to reply, and the meeting adjourned.

Sixth Meeting.

After a day of well-deserved rest, the sixth meeting of the Subsection was opened on Monday, August 8th, at 10 A. M., Dr. Solis-Cohen, of Philadelphia, in the chair.

Dr. FOULIS (of Glasgow) introduced the discussion on "Indications for the complete or partial extirpation of the larynx," by a paper, in which he gave an analysis of all the cases of complete extirpation of the larynx, 32 in number, dividing them into three groups, according to whether they had been performed for: (a) non-malignant disease, (b) sarcoma, (c) carcinoma. He stated the causes of mortality in the three groups, dwelt upon the dangers of the operation, considered the influence of age on mortality, discussed the question whether partial or total extirpation was preferable, and came, among other conclusions, to the following, viz.: (1) Total extirpation is better than partial; (2) the extirpation of the larynx for malignant disease is indicated as soon as the diagnosis is clearly made; (3) very old people, *i. e.*, over 70, should not be operated on; (4) papillomata which after fair and clean

removal recur, give an indication for excision of the larynx on account of their known malignant tendency in many cases.

Dr. PH. SCHECH's (of Munich) introductory paper, which was, in his unavoidable absence, read for him by Dr. Felix Semon, considered most systematically all possible indications and contra-indications for both total and partial excision, and came to in part similar, in part very different conclusions than those of Dr. Foulis. Dr. Schech does not entirely condemn partial excision, and protests against excision, either total or partial, in cases of papillomata, even if they occur repeatedly.

The subsequent discussion, one of the most interesting and animated, in which not less than ten speakers took part, gave evidence of the great difference of opinion as to the indications of the operation known to exist at present between surgeons and laryngologists.

Dr. SOLIS-COHEN wished that the important difference between recovery and mere "survival after the operation" would be more seriously considered, and referred to the usually miserable condition of the patient after the operation.

Prof. CASELLI, of Reggio-Emilia (Italy), whose remarks were read for him by Dr. Foulis, supported Dr. Foulis' thesis, that total was better than partial excision, and narrated two extirpations which he had performed since showing his first successful case last year to the laryngologists assembled at Milan. Both these cases had, however, ended fatally within a short time after the operation, one from exhaustion, the other from acute oedema of the lungs.

Dr. MORELL MACKENZIE declared himself against one of the indications for excision proposed by Dr. Foulis, viz., the recurrence of papilloma after fair and clean removal; he also referred to the often miserable condition of the patient after extirpation, and was inclined to agree with Schech, that in many cases resection could be performed and extirpation avoided.

Prof. CZERNY, of Heidelberg, whose presence was heartily welcomed by the partisans of both opinions, said he had come to learn, not to teach. But he begged to assure those who asked, "what would you like to have done to yourself if you were in the position of your patient?" that this question presented itself quite as much to the minds of those who performed the operation as to those who were opposed to it. He considered the subject scarcely sufficiently settled to enable any one to speak positively. He agreed, how-

ever, with Dr. Foulis; that in the present state of our knowledge and experience excision ought to be performed as soon as the diagnosis of carcinoma was secured. The operation as such was not very difficult; the after-treatment, however, which was of the highest importance, the more. The individual state of the patient after the operation varied very much. His last patient, upon whom he had operated three months ago, was in a most satisfactory condition. The question whether the epiglottis was to be preserved if possible, or whether this was not necessary for functional purposes, was still an open one.

Dr. FELIX SEMON said he fully felt the difficulty of speaking immediately after the man who had first demonstrated the possibility of excising the larynx without killing the individual; but he really thought that in this question two very different notions were in danger of being completely confounded with each other, viz.: the notions of the "possibility" of an operation and of its "justifiability." He confessed that he failed to understand how, after the experience hitherto had, the rule could be simply laid down to excise the larynx as soon as the diagnosis of carcinoma had been secured. Were the results hitherto accomplished of so encouraging a nature? Of the 21 patients with carcinoma operated on before the month of April of this year, according to Dr. Foulis' own tables, just laid before the meeting, it was known that (with the exception of one, what had become of whom after the seventh month no one seemed to know) not a single one was alive now; 13 having died—one might fairly say—in consequence of the operation, in a few days or weeks after its performance; of the remaining 8 not a single one having been known to live longer than nine months after, while the greater part of them had died from recurrence of the disease in from four to six months. And what had been the kind of existence which most of them had led in the short time of their survival of the operation? Now it might be said that one ought not to judge from the cases hitherto recorded, because most of them had been operated on much too late, but he would ask, who would take it upon himself to decide, whether the disease was still in an "early" state, *i. e.*, whether already an infection of the neighboring parts had taken place or not? The differential diagnosis in syphilitic disease was very often by no means as easy as generally represented in the text-books; even the iodide of potash test, which was always referred to, ought only to be re-

lied upon very guardedly, inasmuch as he had certainly observed in quite a number of cases of œsophageal and laryngeal carcinoma, a decided temporary subjective improvement and apparently even an objective temporary arrest of the progress of the disease (averaging from 8 days to four weeks) under the administration of iodide of potassium. He narrated an interesting case in which although the glands appeared quite free when the question of extirpation came up, and he called Sir James Paget in consultation, a recurrence in the lymphatic glands of the neck would have taken place one week later, if the operation (which was fortunately abandoned) had been performed there and then. Dr. Semon wished to say expressly that he had no theoretical objections against the operation itself, agreeing as he did in many points with Schech's indications, but he would protest against excising the larynx in all cases of carcinoma as soon as the diagnosis was secured, and he protested still more strongly against extirpating the larynx for recurrent papillomata, for which the operation ought never to be performed.

Prof. BUROW, of Königsberg, stated, that if simple tracheotomy was performed, the patients lived, on an average, two and a half years after the beginning of the disease, and one and a half years after the performance of tracheotomy. He thought we were in a difficult position ; if excision was to be performed at all, we ought to operate as early as possible ; but then we would have of course to inform the patients of the dreadful nature of their malady, and thus make them miserable for the rest of their life. Early tracheotomy seemed to be the best that can at present be recommended. He wished, however, to say, that possibly his opinions on this question might change as his experience grew larger.

Dr. PROSSER JAMES, of London, spoke against excising the larynx in cases of recurrent benign growths. Recurrence could be met by repetition of removal. As to malignant disease he could only say that the patients in his own practice to whom he had proposed the operation, had either declined or postponed it, until it was too late to be performed.

Prof. LEFFERTS, of New York, and Dr. JOHNSON, of Chicago, rectified some remarks which had been made in the early part of the discussion, concerning the moral state of the patient who had been operated upon in America.

Dr. FOULIS, in closing the discussion, said he would advise extirpation for recurrent papillomata, only if evidence showed

that sarcomatous elements complicated the papillomatous disease. The distinction Dr. Semon had made between the possibility and justifiability of an operation was of course well founded, but similar considerations presented themselves in many other operations. He always laid the case before the patient and let him decide. The American case, which had so often been mentioned, did not seem to him a proper one to form conclusions from, in view of the great age of the patient and the advanced stage of the disease.

Dr. SOLIS-COHEN left the chair, which was taken by Dr. MEYER, of Copenhagen.

Prof. VOLTOLINI, of Breslau, the veteran champion of galvano-cautery, then opened the discussion on the "Galvano-caustic method in nose, pharynx, and larynx." He dwelt in his introductory paper on the fact, that the greater part of the opposition to the method was due to insufficient knowledge of its technics, and to the use of insufficient batteries and instruments. He considered that on the whole it could not be replaced by any thing else, though admitting that in suitable cases other methods might be made use of as well.

Dr. SOLIS-COHEN, of Philadelphia, who read the second introductory paper, expressed himself much more guardedly. According to him the galvano-cautery is often used unnecessarily. Similarly, as Schech had done in his paper regarding the indications for extirpation, Dr. Cohen mentioned almost all the diseases of the parts in question, in which the galvano-cautery has been made use of, and came to very distinct conclusions. We may mention especially the following, viz. : (1) the galvano-caustic method of operation is often inferior to the cold wire in the treatment of intranasal neoplasms ; (2) it is unnecessary in the treatment of adenoid vegetations at the vault of the pharynx ; (3) it is most satisfactory in cases of naso-pharyngeal growth and chronic folliculous pharyngitis ; (4) it is inadequate in satisfactorily treating pharyngeal stenosis ; (5) it is useful in certain cases of laryngeal disease (web-like cicatrices between adjacent structures, small laryngeal neoplasms, etc.). His other important conclusions must be referred to in the original.

The general result of the very spirited discussion that followed might fairly be thus summed up : There was an almost unanimous agreement as to the utility of the galvano-caustic method in certain diseases of the nose and pharynx, but less so as to its use in

the larynx, in regard to which we may truly say with Dr. Solis-Cohen that it behooves the manipulator to be sure of his hand, his instrument, and his patient !

Prof. CADIER, of Paris, read a contribution, in which he detailed his encouraging experiences with this method in preventing the recurrence of the papillary vegetations of tertiary syphilis of the larynx, in chronic enlargements of the tonsils, in chronic pharyngitis, and in many cases of nasal polypi.

Mr. LENNOX BROWNE read a paper in which he praised its use in diseases of the nose and pharynx, but was opposed to it for destroying enlarged tonsils, and in intralaryngeal disease.

Dr. FOULIS, of Glasgow, submitted a contribution recommending his method of actual cautery in certain forms of pharyngeal disease, considering it for reasons of simplicity and inexpensiveness superior to the galvano-cautery. He gave an analysis of over 200 cases in which it had been used.

The contribution of Dr. Victor Lange (of Kopenhagen) was distributed printed among the members, the author not being present.

Dr. LOEWENBERG, of Paris, who opened the discussion proper, said that he attributed a great deal of the efficiency of the galvano-cautery to the antiseptic influences of heat ; he also praised its styptic qualities, and considered it *the* method in the nose (describing at the same time a very ingenious laterally-acting nasal galvano-cautery), and, in opposition to Dr. Solis-Cohen, as almost indispensable for removing lateral adenoid growths in the pharynx.

Dr. THUDICHUM, of London, explained, in a very graphic manner, his method of dealing with all the forms of soft and hard excrescences, which often occur combined in one and the same nostril, and described the different forms of instruments which he makes use of, and which in many important respects greatly differ from those in general use. (It is much to be regretted that Dr. Thudichum, whose remarks evidently elicited a very general interest, neither left an epitome of them with the Secretaries, nor demonstrated, as was the general wish, his instruments on the following afternoon.)

The time for adjournment now being at hand, further discussion of the subject under consideration was postponed to the afternoon.

Seventh meeting of the Subsection, Monday, Aug. 8th, at 2 p.m.,

Dr. GEORGE JOHNSON in the chair.

Dr. BOSWORTH, of New York, read an interesting paper on the "Pathology of nasal catarrh." He detailed the results of his microscopical investigations, and came to the conclusion, that the atrophic catarrh is by no means, of necessity, an advanced stage of the hypertrophic form, but occurs separately, the pathological changes in the hypertrophic form being brought about by changes in the cavernous structure and in the muciparous glands, while in atrophic catarrh the main change consists in the partial destruction of the gland structures. The paper was illustrated by very beautiful microscopic preparations.

Dr. KRAUSE, of Berlin, wished to draw attention (in view of remarks which he would make in the discussion on "Ozæna") to the fatty detritus found in Dr. Bosworth's specimens.

No one else wishing to speak, the papers of Dr. Justi, of Idstein am Taunus, "On local treatment of whooping-cough"; of Professor Lewin, of Berlin, "On syphilis of the larynx," and of Dr. Guinier, of Cauterets, "On the rôle of the free portion of the epiglottis, and of the glosso-epiglottic folds," in the absence of the authors, were taken as read, and the adjourned discussion on the galvano-caustic method was resumed.

Dr. BOSWORTH described his methods of operation in different diseases of the nose and pharynx, and maintained that several statements of Dr. Thudichum, which the latter thought to be quite new, were contained in Dr. Bosworth's recent work. He had also used for a long time the transfixing needle as described by Dr. Thudichum.

Dr. RUFUS B. LINCOLN, of New York, wished to draw attention to one operation in particular, in which the galvano-cautery was invaluable, viz., the removal of naso-pharyngeal polypi; it was particularly necessary to cauterize the stump repeatedly after the removal of the polypus proper.

Dr. MEYER, of Copenhagen, spoke of the utility of the thermo-cautery in destroying granulations on the posterior wall of the pharynx, and referred a death which, according to Prof. Voltolini, had occurred in consequence of scraping away adenoid vegetations with the finger-nail, to other causes.

Prof. VOLTOLINI having briefly summed up the discussion, the meeting terminated.

*Eighth and last meeting of the Subsection, Tuesday, Aug. 9th,
at 10 a.m.,*

Dr. GEORGE JOHNSON in the chair.

Dr. W. MEYER, of Kopenhagen, whose name will forever remain connected with the "Adenoid vegetations in the vault of the pharynx," inasmuch as he has been the first to direct general attention toward the frequent occurrence and great practical importance of this comparatively little-known affection, read the first introductory paper on this subject. He stated that adenoid vegetations in the vault of the pharynx had been found to occur so far in every country in which they had been looked for, but that a cold and damp climate very likely favored their development, and mentioned, as other etiological factors, youth, family tendency, cleft palate, etc. The symptoms to which they give rise did not depend exclusively upon the impeded passage of air. He stated that their importance in a given case rather depended upon their situation than upon their quantity, and touched upon the necessity of their removal in certain ear diseases, and upon the prognostic importance of their presence in some of the acute exanthemata. For diagnosis, anterior and posterior rhinoscopy and digital exploration should, if possible, be used combined in every instance. Their removal was certain and free from danger. The difficulties of the operation depended sometimes upon the hidden position and tough consistence of the vegetations. Methods of operation in which neither the finger nor the eye guide the cutting instrument, ought not be made use of; and the after-treatment ought to be very carefully carried out, considering the extraordinary tendency of these growths to recur.

Dr. LOEWENBERG, of Paris, read the second introductory paper. He treated the subject mainly from the clinical point of view. He dwelt upon the local and more remote symptoms (*e. g.*, the peculiar deformity of the thorax), and considered it indispensable to remove at least so much of the tumors as to reëstablish the permeability of the nasal fossæ and Eustachian tubes. Different methods might be made use of, but the vegetations situated on the lateral walls of the pharynx, and especially those in the vicinity of the orifice of the Eustachian tube, were best destroyed by means of a fine galvano-cautery guided by the rhinoscopic mirror.

Dr. GUYE, of Amsterdam, read a contribution, in which he rec-

commended the use of a very simple *contra-respirator*, to produce mechanical occlusion of the mouth during sleep. As to the adenoid growths he preferred scraping them away by the finger-nail to all other methods of operating.

Dr. E. WOAKES, of London, stated in his contribution his reasons for regarding these growths as papillary in their origin, the adenoid features being due to their situation, and exhibited microscopical sections illustrating these points. He then methodically dwelt upon their etiology (heredity, exanthemata, congenital affection), symptoms, diagnosis, differential diagnosis, and treatment. Dr. Woakes prefers a modification of Loewenberg's cutting forceps for the operation, and as a rule his patients are brought under the influence of an anæsthetic. In conclusion he discussed the tendency to spontaneous cure after a certain age and the consequences of leaving patients to the chance of this issue.

Dr. MICHEL, of Cologne, denied recurrences. Having for a long time paid attention to this affection, he had, in a large practice, never seen a recurrence proper; what had been so-called he would rather attribute to the continued growing of portions of the vegetations not sufficiently removed. The use of the *contra-respirator* he considered indicated only after thorough removal of the whole of the tumors; he believes, that in order to obtain a real cure, every thing that can be must be removed.

Dr. E. FRÄNKEL, of Hamburg, agrees with Dr. Meyer as to the influences of a damp and cold climate. A large part of all cases was congenital. He further discussed the unfavorable influence of the presence of these growths in cases of diphtheria, and declared himself against the exclusive use of the galvano-caustic method for their removal. He had observed after such operations tonic spasms of the sterno-cleido-mastoid muscle, of longer and shorter duration.

Dr. BÖCKER, of Berlin, would particularly draw attention to the fact that the enlargement of the adenoid tissue in the vault of the pharynx in small children, is not a consequence but rather the cause of the frequently concomitant chronic naso-pharyngeal catarrh, and that in such cases particular attention ought to be paid to this tissue in order to obtain a cure of the secondary trouble. He had operated on infants three months old by means of the finger-nail.

Dr. HOPMANN, of Cologne, had had a large experience in these cases since 1873, and proposed the name of "adenoid tumors in

the vault of the pharynx," for these growths. He generally availed himself now of the cold wire-ecraseur, and operated from the pharynx through the mouth. Occasionally, however, he used the galvano-caustic loop. Many practical hints as to the manner of dealing with individual cases, completed Dr. Hopmann's remarks.

Dr. MEYER replied, urging the diffusion of the knowledge of so serious a malady and of the means of contending with it.

Dr. LOEWENBERG, in his concluding reply, dwelt especially on the prophylactic treatment.

After the termination of this discussion, all members were requested to present copies of their published works, papers, etc., to the Library of the American Laryngological Association.

Dr. B. FRÄNKEL, of Berlin, then read the first introductory paper on the subject of the "Nature and treatment of ozæna." He contended that the name "Ozæna" should be reserved for that form which occurs without disease of the bones and cartilages, and without ulcerations of the mucous membrane. It comes under the head of chronic catarrh of the nasal cavity, and is always connected with more or less extensive atrophy of the mucous membrane. It is not, *per se*, a proof of the presence of a constitutional disease. The methods of treatment most recommended were: syringing or douching the nostrils, the use of Gottstein's tampon, and the cautious use of white heat.

Dr. E. FOURNIÉ, of Paris, read the second introductory paper. He strictly distinguished between accidental and constitutional ozæna. The former was due especially to syphilitic, diphtheritic, or catarrhal inflammation. The constitutional form was much more difficult to treat. The cause of the specific factor was, according to the author, to be found in a specific property of the glands of the naso-pharyngeal mucous membrane. Analogous specific properties of glandular secretions were found in other parts of the body. In 92 cases examined by the author there had been complete absence of deep ulcerations. Dr. Fournié then distinguished between a rarer dry, and a more frequent humid form of ozæna, and recommended in conclusion a very energetic constitutional and local treatment, in which, according to the form of ozæna present, sulphur- or alkaline arsenic-baths, cod liver oil, iodides of potassium and of iron, or arsenic and bicarbonate of soda, mechanical removal of the crusts, immediately followed by cauterization with a strong solution of nitrate of silver (1 to 5),

etc., etc., play a rôle. Even this treatment, however, gave no guarantee against frequent recurrence of the affection.

As if the laryngologists had wished to demonstrate that their zeal had not been diminished by the arduous work and the many entertainments and distractions of the past week, the discussion now entered upon, which was the last, was not only one of the most interesting, but certainly the most lively of all, not less than twelve speakers taking part in it. It may fairly be recorded that the practical result arrived at was that the affection is not curable in the strict sense of the word, at the present time, and that Gottstein's tampon and syringing after Michel's plan are the two best palliatives.

MR. SPENCER WATSON, of London, read an elaborate contribution, in which he agreed in many respects, as to the causes and symptoms, with the arguments of the previous speakers, and recommended a course of treatment similar to that advocated by Dr. Fournié.

DR. KRAUSE, of Berlin, showed some very instructive microscopical sections of two cases of pure ozæna, which he had had the opportunity of examining *post mortem*. The presence of a very large quantity of fatty detritus and of very numerous fat globules which he had constantly found in the atrophic mucous membrane, was the basis for his theory, that the specific fœtor of ozæna is due to the decomposition of fat and the production of fatty acids. This certainly ingenious theory found scarcely any supporters, however; on the contrary, it was rather severely criticised by most of the speakers.

DR. E. FRÄNKEL, of Hamburg, at once protested against such an explanation. He had examined cases in which no fat had been present, and yet the fœtor had been unmistakable. Dr. Krause's comparison of ozæna with xerosis of the conjunctiva did not prove any thing, for the simple reason that the crusts in xerosis did not stink. In conclusion, Dr. Fränkel advocated that the name "Ozæna" should be wholly given up.

DR. KENDAL FRANKS, of Dublin, thought with Zaufal, that a cause of ozæna might often be found in a defective development of the turbinated bones, and related some cases in point.

DR. HOPMANN, of Cologne, supported the views of the last speaker, and recommended Gottstein's tampon as the best palliative.

DR. BAYER, of Brussels, regarded the atrophic change of the

mucous membrane as always secondary to an initial hypertrophic change. Narrowness of the nostril did certainly not predispose to ozæna, the narrow nostril sometimes remaining free in a patient with unequally wide nostrils, whilst the wide one was the seat of ozæna. Carbolic acid was not to be recommended for injection, because it often destroyed the sense of smell entirely, in cases in which this sense had been preserved; and, in conclusion, Dr. Bayer warned against the use of the galvano-cautery in these cases.

Dr. MICHEL, of Cologne, did not consider Dr. Krause's histological investigations convincing, because they had been made on patients of advanced age, in whom the retrogressive stage of the disease had already been developed. He considered ozæna always as a constitutional affection, and adhered to his view that it originated in the adjacent cavities of the nose (antrum Highmori, sphenoidal and frontal sinuses, etc.). He did not consider the disease, strictly speaking, a curable one, but was quite as well satisfied with his method of methodically syringing the nose, as others were with the tampon.

Dr. GOTTSTEIN, of Breslau, was dissatisfied with the explanation of both Dr. B. Fränkel and Dr. Krause. He recommended his tampon, which had the advantage of preventing the formation of crusts. He could not agree with Dr. Michel's theory of the origin of ozæna in the adjacent cavities of the nose.

Prof. JURASZ, of Heidelberg, did not believe that atrophic rhinitis was of necessity a later stage of the hypertrophic form, but thought that it occurred sometimes as an idiopathic primary disease. He also thought that the incurability of the affection was not so absolute as represented by most of the speakers. He had himself observed two cases in which several months after conclusion of the treatment no recurrence had taken place.

Dr. LOEWENBERG, of Paris, thought that Dr. Krause's fatty detritus consisted in reality of micrococci. Moreover, in chronic otorrhœa, in which the detritus certainly contained fat, and even crystals of margaric acid, there was no smell. He considered the efficiency of Gottstein's tampon due to its antiseptic qualities.

Dr. B. FRÄNKEL, in summing up, stated his belief that the wideness of the nostril was the consequence, not the cause, of the pathological process. The retention of the secretions alone did not suffice to produce ozæna; whether a specific ferment was necessary for that purpose, he would not decide. The specific fœtor

could not be explained by a specificity of the nasal cavity, for not all nasal crusts smelled specifically; on the other hand, the same smell was sometimes found in diseases of the trachea without participation of the nose. Fat was a regular product of disintegration of albuminoid bodies. A "cured" case of ozæna was not known to him.

Dr. FOURNIÉ not wishing to reply,

The Chairman declared the Subsection for Diseases of the Throat ready for adjournment *sine die*. He expressed his gratification at the undoubted great scientific success of this department.

Dr. SOLIS-COHEN proposed and Dr. MEYER seconded a vote of thanks to the Chairman, which was carried by acclamation.

The Chairman replied, thanking the members of the Subsection for their support, and his Secretaries for their efforts.

Dr. B. FRÄNKEL proposed and Dr. FOURNIÉ seconded a vote of thanks to the Secretaries, which was carried by acclamation.

The Secretaries returned thanks, and the proceedings of the Subsection terminated.

On the same afternoon, at 2 P. M., the supplementary demonstrations took place at the Hospital for Diseases of the Throat and Chest.

Dr. FELIX SEMON demonstrated the larynx, thyroid gland, and œsophagus of a female patient who had suffered from œsophageal carcinoma, and who had died during the operation of tracheotomy from retrotracheal hemorrhage caused by the entry of the tube, which had passed straight through the trachea and again out of it, through a large perforation in the posterior wall, into an abscess cavity situated between œsophagus, larynx, and the right wing of the greatly enlarged thyroid body, and had injured there some comparatively large thin-walled veins which lay almost unprotected in the walls of the abscess cavity.¹

Dr. GOODWILLIE, of New York, demonstrated the use of the "surgical engine" for the removal of nasal exostoses.

Prof. VOLTOLINI showed his ingenious new battery, which can be used at a moment's notice for constant and faradic currents and for galvano-caustic operations, and further demonstrated his

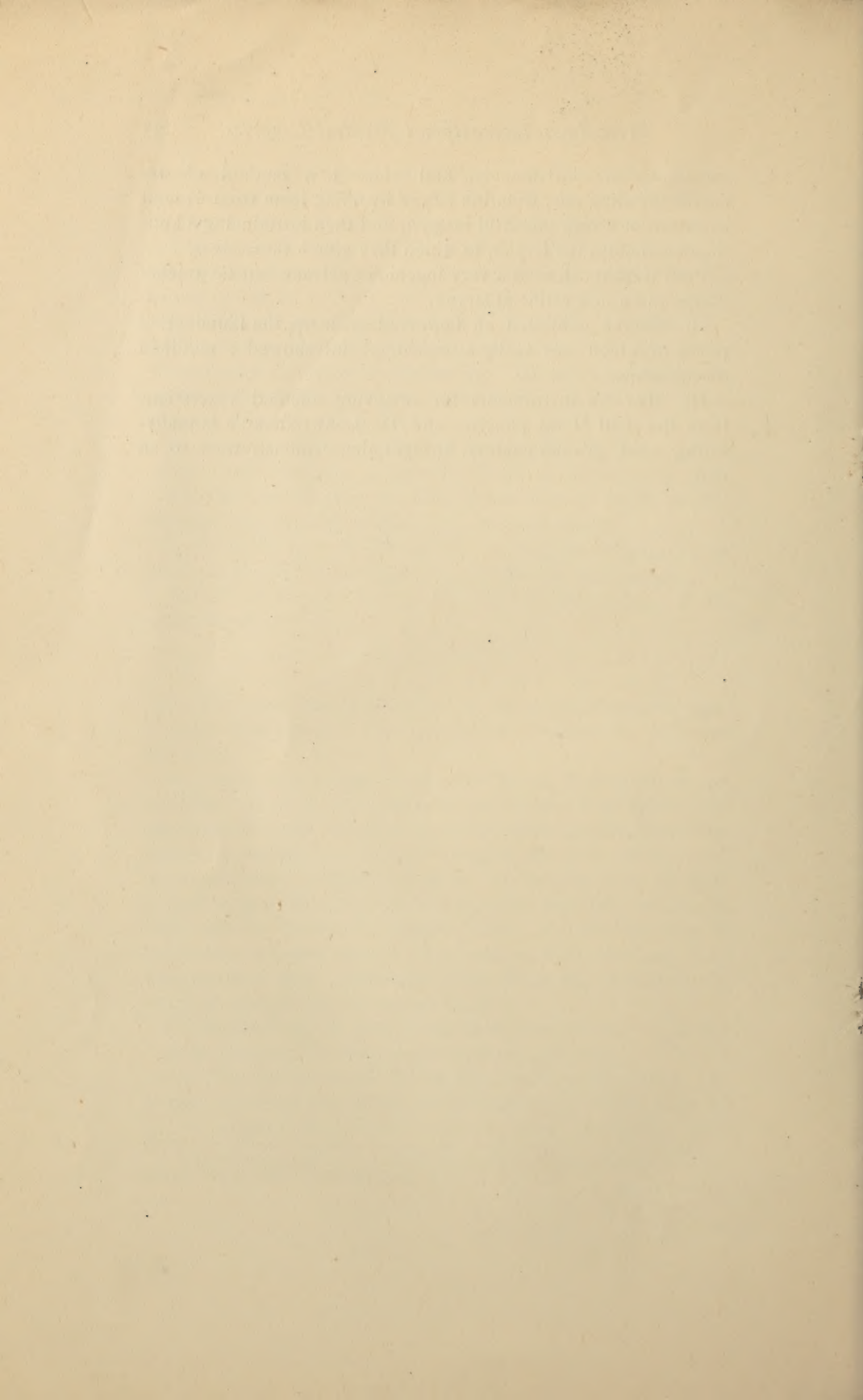
¹ The case, which offered complications which are believed to be unprecedented, will be shortly published.—F. S.

galvano-caustic instruments, and showed a method of removing needles, etc., from the larynx by fixing them from without by means of a very powerful magnet, and then introducing a knitting-needle into the larynx, to which they attach themselves.

Prof. CASELLI showed a very ingenious galvano-caustic tracheotome and a new artificial larynx.

Dr. BÖCKER exhibited an improved gas-lamp, the illuminating power of which was really astonishing, and showed a modified tonsillotome.

Dr. MEYER's instruments for removing adenoid vegetations from the vault of the pharynx, and Dr. LOEWENBERG's laterally-acting nasal galvano-cautery, brought the demonstrations to an end.



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